

**WESTERN U.P. HEALTH DEPARTMENT
EVALUATION REQUEST FORM
ON-SITE SEWAGE AND/OR WATER SUPPLY SYSTEM(S)**

Gogebic Office
W.U.P.H.D.
210 N. Moore
Bessemer, MI 49911
(906)667-0200

**Baraga, Houghton, & Keweenaw
Office**
W.U.P.H.D.
540 Depot Street
Hancock, MI 49930
(906)482-7382

Ontonagon Office
W.U.P.H.D.
408 Copper Street
Ontonagon, MI 49953
(906)884-4485

Application for Subdivision or Site Condominium Plat Review

<p>Applicant Information: Applicant Name: _____ Mailing Address: _____ _____ _____ Telephone Numbers: Work _____ Home _____</p> <p>Property Owner Information (if different from above): Property Owner Name: _____ Mailing Address: _____ _____ _____ Telephone Numbers: Work: _____ Home: _____</p>	<p>Property Information: County Name: _____ Township Name: _____ Section #: _____ Township #: _____ Range #: _____ Property Tax ID #: _____ Fire # or Street Address: _____ Latitude: _____ Longitude: _____ Size of Property: _____ Acres Number of Proposed Lots: _____ Water Supply: On-site _____ Municipal _____ Sewage Disposal: On-site _____ Municipal _____</p>
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Applicant's Signature _____ Date: _____

Include the following with this application:

- 1) Three copies of the preliminary plat
- 2) For developments proposing municipal water and/or sewage systems, written confirmation from the municipality indicating approval
- 3) WUPHD plan review fee. \$475.00 plus \$50.00 per lot

Upon submittal of this application and fees, a joint site evaluation will be conducted between the consultant and the health department to evaluation on-site soils for site suitability. Following completion of the joint site evaluation, the following shall be submitted for review:

- 1) Information regarding the suitability of the subdivision for on-site sewage disposal
- 2) Information regarding the suitability of the subdivision for on-site water supply systems

HEALTH DEPARTMENT USE ONLY	Case No: _____
<input type="checkbox"/> Amount Paid: \$ _____ Receipt #: _____ Date: _____ Received By: _____	

Return evaluation request form and associated fee(s) to the appropriate Health Department Office listed above.
Make checks payable to W.U.P.H.D.